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OPENING DOORS

Information from the Health Care for the Homeless Program

Health Care Conversion Foundations:
Exploring the Opportunities and the Risks

What several observers describe as the "largest redeployment of charitable assets" in history offers significant opportunities and potential risks for Health Care for the Homeless (HCH) grantees. The creation of more than 110 health care conversion foundations, established when nonprofit hospitals or health plans are sold or converted to for-profit status, has pumped billions of dollars into health care philanthropy.

In fact, if all health care conversion foundations, which have combined assets of more than $13 billion, awarded 5 percent of their endowment in a given year, they would have the potential to make grants of nearly $700 million, according to the Grantmakers in Health (GIH) 1999 report *Coming of Age,* which highlights the creation, governance, operations, and grantmaking of these foundations. However, officials worry that the loss of nonprofit hospitals and health plans may result in restricted access to care for indigent patients, and they question how some of the new foundations are spending their money.

"The creation of conversion foundations is a wonderful opportunity for those who provide care to underserved people," says Colleen Meiman, senior program analyst in the Office of State and National Partnerships, Bureau of Primary Health Care. "But the voice for the underserved may not be adequately represented." Despite the potential problems, many health care conversion foundations are making a significant commitment to health care for vulnerable groups in their communities.

The Creation of Conversion Foundations

The decision to sell a nonprofit hospital is "almost always a last resort," according to Bradford H. Gray, Ph.D., director of the Division of Health and Science Policy at the New York Academy of Medicine, a nonprofit research center. With too many beds and too few patients, many nonprofit hospitals have serious financial problems. The hospital trustees see conversion to for-profit status as a way to gain access to needed capital, to improve their competitive position, and to preserve their mission. Nonprofit hospitals that are still fiscally sound may decide to sell or convert so they are "not the last one standing when the music stops," Gray says.

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In This Issue

Like the Venice Family Clinic featured on page 6, HCH providers have become experts at finding "alternate resources." They include reduced price drugs, technical assistance in securing loans, and health care conversion foundations.

If you know of programs that offer free or low-cost services for homeless people, contact the HCH Information Resource Center at (888) 439-3300, ext. 247.

Prime Vendor Helps HRSA Cut Drug Costs

Patients served by Health Care for the Homeless (HCH) grantees and their subcontractors will have access to lower prescription drugs under an agreement that names Bergen Brunswig Drug Company as the prime vendor for the Health Resources and Services Administration's (HRSA) Office of Drug Pricing. As the prime vendor, Bergen Brunswig will negotiate lower prices with about 600 pharmaceutical companies based on the large nationwide buying power of some 12,000 entities eligible to participate in HRSA's prime vendor program.

Under the agreement signed September 10, 1999, the Bergen Brunswig Drug Company, part of the Bergen Brunswig Corp. headquartered in Orange

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INSIDE

Health Care Conversion Foundations (continued)

When an existing nonprofit health care organization becomes a for-profit entity through a sale, merger, joint venture, or corporate restructuring, federal and most state laws require that the value of its assets remain in "the charitable stream." This means that the nonprofit's assets are transferred to another nonprofit organization that is supposed to carry out the original purpose of the hospital or health plan as closely as possible. In most cases, a new foundation is created to accomplish this goal.

Concerns About the Process

The relative secrecy surrounding many early conversion transactions led to a good deal of controversy. In the recent past, notes Anne L. Schwartz, Ph.D., GIH vice president, "not a lot of attention was paid to how the [nonprofit's] assets were valued and what was done with them, and the community got angry." In some cases, she says, the nonprofit's assets were valued too low, which restricts the money available to conversion foundations.

Linda B. Miller, president of the Volunteer Trustees Foundation for Research and Education, is concerned that many for-profit buyers "made no commitments to provide care for the poor or to support unprofitable, high-tech services," such as burn units, trauma centers, and neonatal intensive care nurseries. At the other end of the transaction, Miller worries that foundation funds may be "spent or squandered on things that are a far cry from health care." GIH reports that 97 percent of conversion foundations make grants in health, human services, or health-related areas, though the term "health" may be defined broadly.

"The creation of conversion foundations is a wonderful opportunity for those who provide care to underserved people."

To address concerns

Prime Vendor Helps HRSA (continued)

County, CA, will consolidate drug sales and delivery and negotiate the best possible price on drugs for the network of providers who elect to participate. The company will also provide such value-added services as technical assistance in pharmacy management and help in accessing drug manufacturers' indigent drug programs.

"Participation in the program is entirely voluntary," says Marilyn H. Gaston, M.D., director of the Bureau of Primary Health Care, which administers the Drug Pricing Program. "However, the benefit to all participants will be greatest if the largest possible number of health providers register with the Office of Drug Pricing and become prime vendor customers." In addition to HCH grantees and subcontractors, eligible entities include Health Services for Public Housing Residents, grantees, Community and Migrant Health Centers, Title III and Ryan White recipients, and FQHC look-alikes.

Lower Prices; Greater Buying Power

HRSA's Drug Pricing Program, authorized under Section 340B of the Public Health Service (PHS) Act, requires drug manufacturers participating in Medicaid to provide formula-based discounts or rebates for 16 specified PHS programs and safety net hospitals and clinics. Since it began in 1992, the program has cut drug costs for participants by some $1.5 million or about 23 percent, according to HRSA officials.

Captain W.L. Matthews, Jr., program officer in the Prime Vendor Program, expects Bergen Brunswig to be able to negotiate additional savings of 5 to 10 percent. Smaller sites will benefit the most since they would not be able to negotiate such deep discounts on their own, he notes.

How to Sign Up

HCH grantees and subcontractors that would like to participate in the Prime Vendor Program must first register with the Office of Drug Pricing. To do so, they must notify the office in writing and submit their Medicaid pharmacy billing number. Once found eligible to participate, they can begin buying discounted drugs the next quarter.

Those grantees already participating in the Drug Pricing Program may contact Bergen Brunswig directly to set up a prime vendor account. Contact Larry Stepp, national director of government sales at Bergen Brunswig, at (800) 270-8464 or (804) 264-4141 to receive an information packet or to arrange for an on-site visit. Additional information is available on the Office of Drug Pricing web site at *http://www.bphc.hrsa.dhhs.gov/odpp.* ▲

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about the transfer of nonprofit assets and their subsequent use, many state attorneys general have sought greater regulatory powers, and a number of state legislatures have passed laws governing these transactions. Some states have negotiated with for-profit buyers to provide specific levels of charity care or special services.

Stretching Foundation Resources

Though some conversion foundations fund direct medical care, "most are not in a position to provide grants year in and year out for services," Schwartz notes. To help stretch their resources, conversion foundations focus on a number of creative strategies, several of which are highlighted below.

Capturing Lessons Learned. In Chicago, the Michael Reese Health Trust was established in 1991 with assets from the sale of the Michael Reese Hospital and Medical Center, a 110-year-old tertiary care center. The bylaws of the foundation require that its grantmaking "reflect the hospital mission in broad areas of medical education, research, and patient-focused support," President Dorothy Gardner says.

To help address what Gardner calls "the bigger issues that can't be fixed with time-limited grants," the Michael Reese Health Trust has launched several initiatives designed to improve the health of vulnerable groups, including children in poverty and people who are elderly, uninsured, or disabled. Chicago Health Outreach (CHO), the HCH grantee in Chicago, has received funds from the foundation to expand dental services to vulnerable elderly people, notes Heidi Nelson, CHO's executive officer.

Gardner is aware that foundation money can't sustain many of the programs it helps establish. Her goal is to capture the lessons learned by grantees so that a case can be made for third-party reimbursement. "To the degree that [conversion foundations] can work together to affect policy on health reimbursement, we can be a powerful force for change," Gardner says.

Leveraging Foundation Funds. When the Vista Community Clinic in Vista, CA, proposed to build a new $4.1 million, 30,000-square-foot facility several years ago, it raised $2 million in private donations, according to Clinic Executive Director Barbara Mannino. She credits the California Endowment, one of two foundations created in 1996 by the conversion of Blue Cross/Blue Shield, with an initial $200,000 capital campaign gift that got the process started.

"The lead gift stimulates incredible giving," Mannino says. An HCH subcontractor, the Vista Community Clinic provides medical care, outreach, and transportation to homeless people in northern San Diego County.

The California Endowment also has been "instrumental in the growth of the Primary Care Association (PCA) in California," says Carmela Castellano, chief executive officer of the PCA. Leveraging Endowment funds allowed the PCA to grow from five to 17 staff in just a few years, Castellano says. She was also able to convene a blue ribbon panel to develop a "blueprint for action," a consensus document that outlines strategic priorities for potential funders.

Convening Partners for Lasting Change. Pittsburgh's Jewish Healthcare Foundation, founded in 1990 by the sale of Montefiore Hospital, looks to fund strategies that will "fix glitches in the system" and promote lasting change, notes Nancy D. Zionts, senior program officer. The Foundation convened the Coordinated Care Network (CCN), a collaboration between Federally Qualified Health Centers (FQHCs) and community providers in Pittsburgh that provide primary health care, mental health care, and social services to underserved individuals. CCN recently began contracting with Medicaid managed care organizations to serve as a safety net provider for its clients.

Where to Go for Help

The following organizations offer information, publications, and/or assistance concerning the sale of nonprofit hospitals and health centers and the creation of health care conversion foundations.

- **Consumers Union,** West Coast regional office, 1535 Mission St., San Francisco, CA 94103-2512, (415) 431-6747, *http://www.consumersunion.org*
- **Grantmakers in Health,** 1100 Connecticut Ave., NW, Suite 1200, Washington, DC 20036, (202) 452-8331, *http://www.gih.org*
- **Volunteer Trustees Foundation,** 818 18th St., NW, Suite 900, Washington, DC 20036, (202) 659-0338, *http://www.volunteertrustees.org*

Next Steps

In order to effect lasting change in health care for vulnerable people, conversion foundations must fund direct services, according to Castellano. "Funding the PCA is critical, but that does not replace the need to fund clinics directly," she says. She recommends that PCAs and individual clinics educate foundations about the work they do and the needs of the people they serve.

To keep a watchful eye on health care conversion foundations, a number of organizations provide information and technical assistance (see "Where to Go for Help"). In addition, most states have an assistant attorney general for charitable trusts. For more information, contact your state attorney general or the National Association of Attorneys General at (202) 326-6000 or *http://www.naag.org.* ▲

Capital Link Helps Health Centers Secure Loans

What does capital improvement have to do with health care? Everything, according to Zoila Torres Feldman, R.N., executive director of the Great Brook Valley Health Center in Worcester, MA. Great Brook is a Community Health Center that receives Health Care for the Homeless funds as a subcontractor.

Without loans that allowed Great Book to build and then expand a new facility, Feldman says, "We would not have been able to expand access to services and provide care to our patients with a level of dignity." The trick is convincing a bank that health centers are a good credit risk, and that's where Capital Link comes in.

"You don't want to go into a bank and say, 'We're poor, we serve poor people, we don't make much money, give us a loan,'" says Allison Coleman, managing director of Capital Link, headquartered in Boston. "We help health centers put together a project that is bankable."

Capital Link is a collaboration between the National Association of Community Health Centers, the Community Health Center Capital Fund, and Primary Care Associations in Illinois, Massachusetts, North Carolina, Texas, and Washington. In July 1999, Capital Link was awarded a contract from the Bureau of Primary Health Care to provide technical assistance to federally funded health centers seeking financing for building and equipment projects.

Value-Added Services

Jim Price, Ed.D., former executive director of The Daily Planet Health Care for the Homeless Project in Richmond, VA, is clear about the value-added services he received by using Capital Link. "If we hadn't received their assistance, I'm not sure we would have been ready to present our financial information to a bank in such a way that they would understand it," Price says. The Daily Planet borrowed $575,000 to purchase and renovate an 18,600-square-foot office complex for use as a multi-service center. The new facility opened last December.

Capital Link understands the banking and real estate markets, but its staff is also realistic about "what community health centers are or can be," Feldman says. Working with a health center, Capital Link first prepares a preliminary financial analysis that Coleman refers to as a "baseline reality check." This confirms how much debt the health center could safely assume and outlines possible financing options, including loans, grants, and tax-exempt bonds. Capital Link also provides referrals to architects and contractors and helps health centers develop a plan for moving forward.

Up to this point, all Capital Link services are provided free of charge to any Bureau-funded health center, according to Joe Fitzmaurice, coordinator of the Facility Loan Guarantee Program in the Bureau's Division of Community and Migrant Health. Those health centers that choose to apply to the

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National Council Announces Poster Contest for Homeless People

The National Health Care for the Homeless Council is sponsoring a poster contest as part of its PEOPLE LIKE ME campaign, which provides opportunities for homeless and formerly homeless people to become involved in political discussions concerning health care, Homeless and formerly homeless people are invited to submit poster designs expressing the need for universal health care; HCH staff are encouraged to help clients participate. The winning artist will receive a cash prize and a trip to Denver for the National Health Care for the Homeless Conference and National Council Policy Symposium, April 27-29.

In addition, the winning poster will be reproduced on post cards that can be sent to candidates for national political office. Poster designs are due to the National Council by February 29. For more information on PEOPLE LIKE ME, visit the Council's web site at *http://www.nhchc.org/policy.html* or call (615) 226-2292. ▲

Join Us in Denver!

This year's National Health Care for the Homeless (HCH) Conference will be held April 27–29 at the Hyatt Regency Tech Center in Denver, Colorado. The program is designed for HCH grantees, subcontractors, clients, administrators, and others interested in providing health care and support services to homeless people.

This year's theme is "Compassion, Collaboration and Change." Conference planners promise a full agenda of educational and networking opportunities focused on ways in which health care providers can work together to meet the needs of the homeless people they serve. Registration brochures will be mailed in February. For information, contact Nancy Hallock, conference coordinator, at the HCH Information Resource Center, (888) 439-3300, ext. 243.

NEWS FROM THE
HCH CLINICIANS' NETWORK

Meeting the Challenges of Diabetes Care

Today, more than ever, clinicians are armed with new diagnostic tools and therapeutic agents to help prevent or control the damage caused by diabetes mellitus. But for people without a stable residence, living with diabetes presents special challenges. Some of the major barriers they face, and strategies used by homeless health care providers to help individuals overcome these obstacles, are highlighted below.

DIET. *Irregular meals and limited dietary choice in shelters, soup kitchens, and trash receptacles spell disaster for homeless people with diabetes, who must control their diet to maintain normal blood sugar levels and avoid life-threatening complications.*

A dietician from Grace Hill Neighborhood Health Centers in St. Louis helps area shelters prepare appropriate meals for diabetes patients, reports Veronica Richardson, BSN. At Health Care for the Homeless, Inc., in Baltimore, Marti Alvaran, CRNP, MSN, teaches homeless clients the interrelationship of nutrition and exercise in controlling diabetes.

MEDICATION. *The high cost of newer oral medications restricts their availability to indigent diabetes patients. Living on the street or in shelters poses storage problems for people on insulin. Even if refrigerated storage is provided in emergency shelters, medication may not be accessible when it is needed.*

At the Maricopa County Health Department in Phoenix, Arizona, Adele O'Sullivan, MD, prescribes small quantities of oral medications at each visit for homeless clients. She uses pill organizers to help diabetes patients keep track of their medication and remember to return to the clinic on a particular day.

GLUCOSE MONITORING. *Glucometers and supplies for monitoring blood sugar levels are expensive, often difficult for homeless people to obtain, and frequently stolen in shelters. Test strips are particularly hard to come by.*

Eighty-six community, migrant, and homeless health centers are participating in a Diabetes Collaborative initiated by the Bureau of Primary Health Care to improve diabetes care for special populations. Health centers in the Midwest are working with national companies to get better pricing for blood glucose test strips, reports Julie Koppert, RNC, CDE, project coordinator for Midwest Clinicians' Network, Inc. They also are developing a personal care card–a mini-record of medications, lab values, and self-management goals–to facilitate diabetes care for homeless patients.

BEHAVIORAL HEALTH DISORDERS. *Mental illness and substance abuse restrict the capacity of some homeless people to adhere to any treatment regimen, complicating diabetes education, treatment, self-care, and clinical follow-up.*

Susan Fleishman, MD, medical director at the Venice Family Clinic in Los Angeles, emphasizes the importance of careful lifestyle assessments and individualized treatment protocols. "Sometimes it's more important to get clients into shelters than on pills or provide psychiatric medications before diabetes medications," she advises.

DISCONTINUITY OF CARE. *Two-thirds of homeless people in the United States lack health insurance, which severely limits their access to pharmacy supplies and specialists. Discontinuity of care is exacerbated by transience, which prevents regular clinical follow-up and undermines long-term care.*

In an innovative approach to case management, Grace Hill uses health care coaches–trained, lay paraprofessionals–to help homeless patients get to clinic appointments. Clean socks and foot soaks are offered as incentives by clinicians in Maricopa County to encourage homeless people with diabetes to return.

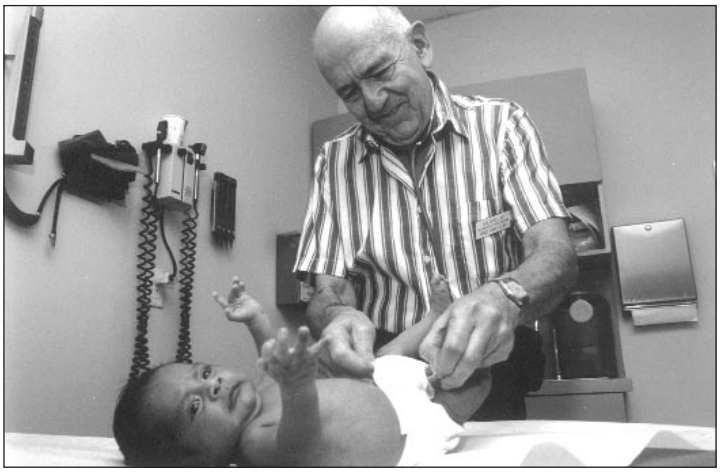
We're Ready to Hear From You

For more information on diabetes care for homeless clients or other clinical issues of interest to homeless health care providers, visit the National Health Care for the Homeless Council's website at *http://www.nhchc.org/clinical.html* and click on "Healing Hands," or call (615) 226-2292.

Venice Family Clinic Hones the Art of Finding Resources

Liz Forer, M.S.W., M.P.H., executive director of the Venice Family Clinic in Los Angeles, has a cardinal rule. "Never ask for a discount when you can get something for free," Forer says. Considered to be one of the largest free clinics in the country, the Venice Family Clinic serves 17,000 patients annually, including 2,500 homeless people served under contract to Northeast Valley Health Corp., the local Health Care for the Homeless grantee.

Forer's persistence, and that of the clinic's board members and volunteers, has paid off. The Venice Family Clinic raises $3.3 million annually in donated goods and services, including operating funds for a state-of-the-art eye care suite and lab and radiology services. In addition, one-half of all patient visits are provided by 500 volunteer physicians. All told, the clinic has some 2,000 volunteers who provide a range of services from clerical and fund raising to translation and health education.



Dr. Earl Rubell examines a young patient at the Venice (CA) Family Clinic.

How to Get What You Need for Free

Forer's cardinal rule has several corollaries. She believes you have to treat your volunteers well, show them the good work you do, and be creative.

Having volunteers in your clinic is "like inviting guests into your home," Forer says. "You have to make them comfortable." The clinic's examining rooms are well-organized and the clinic coordinator handles necessary paperwork so that volunteer physicians can concentrate on patient care. Clinic staff also offer what retired physician Earl B. Rubell, M.D., calls a "warm, friendly, and appreciative environment" in which to work. Dr. Rubell has been seeing pediatric patients at the clinic four or five days a week for the past nine years.

Forer encourages clinics to give tours of their facility to potential donors and volunteers to show them what their money and services support. "People will offer help in ways you didn't think possible," she says, like the local waste hauler who offered free trash removal.

Finally, the Venice Family Clinic has been creative in its fund raising, according to Board of Directors President Gail Margolis. Each May for the past 21 years, local artists, musicians, and private citizens have opened their studios and their homes during the Venice Art Walk, which raised $630,000 for the clinic in 1999. At Christmas, donors sponsor some 1,000 children to see a movie and visit with Santa Claus, an event that raises $100,000 for the clinic's pediatric program.

Forer knows that her staff's reputation precedes them. "Everyone knows what we want and that we're not going to offer to pay," she acknowledges. Still, she says that it's not difficult to ask for free goods and services because "people go without if we don't."

For more information on the Venice Family Clinic's volunteer programs and fund raising activities, visit the clinic's web site at *http://www.vfc.net* or call (310) 392-8630. ▲

Capital Link (continued)

Bureau for a Health Resources and Services Administration (HRSA) loan guarantee receive further Capital Link services at no charge, Fitzmaurice says.

The Benefits of a Loan Guarantee

The HRSA Facility Loan Guarantee Program was initiated in 1996 when the Bureau lost its authority to provide construction grants, according to Fitzmaurice. The program guarantees lenders 80 percent of the outstanding principal if the health center defaults on a loan. For some health centers, Coleman says, a loan guarantee can make the difference between getting a loan and not getting one, and it may help lenders offer a lower interest rate or longer term.

For health centers pursing this option, Capital Link will help prepare a business plan, secure a commitment letter from the lender, and prepare the loan guarantee application and other necessary documentation. Health centers not applying for the HRSA loan guarantee can continue to work with Capital Link for an individually negotiated fee, Coleman says.

Despite Capital Link's success in helping health centers secure loans, Coleman acknowledges that "free money is always the best, and many health centers have limited debt capacity." For this reason, she says, debt financing is only a piece of the picture. Indeed, The Daily Planet is in the midst of a capital campaign that seeks to raise $1.3 million. Price reports the campaign is halfway to its goal.

For more information on the HRSA loan guarantee and Capital Link services, contact Joe Fitzmaurice in the Division of Community and Migrant Health at (301) 594-4313 or Alison Coleman of Capital Link at (617) 422-0350. ▲

HCH Information Resource Center Funded for Another Three Years

In September 1999, the Health Resources and Services Administration's Bureau of Primary Health Care awarded a second three-year contract to Policy Research Associates, Inc. (PRA) of Delmar, New York, to provide capacity building and support services to Health Care for the Homeless (HCH) grantees and subcontractors. Susan Whitney of the HCH Branch staff is the federal Project Officer. Deborah Dennis, Vice President at PRA, is the Project Director. The HCH Information Resource Center provides the following resources:

- **Comprehensive database** of written and electronic information. The Information Resource Center is staffed by an information specialist who is available to provide quick references, referrals, custom bibliographies, and funding information.
- **Video lending library** with more than 75 titles on clinical and administrative issues. Videos are free to HCH grantees and subcontractors for up to 15 days; there is a small fee for non-HCH staff.
- *Opening Doors,* **a quarterly bulletin** that includes information on clinical advances, program models, and legislative changes.
- **Annual conference** featuring keynote speakers, workshops, policy sessions, poster sessions, resource area, and tours of local programs.
- **Directory of HCH grantees** and subcontractors that includes HCH project descriptions and services, funding levels, and contact information for federal programs and national organizations serving homeless people.
- **Web site** at *http://www.prainc.com/hch* that includes annotated bibliographies, clinical tools and video catalogs, articles from *Opening Doors,* directory of grantees, and national resources.
- **Toll-free number:** (888) 439-3300, ext. 247 for database resources and other information.

Call for Materials

The Resource and Tools Exchange at the National HCH Conference is an excellent opportunity to share information about your program and to exchange clinical and programmatic tools with your peers. Consider sending any or all of the following materials:

- brochures
- intake/encounter forms
- manuals/training materials
- clinical protocols
- quality assurance guidelines
- publications/ newsletters
- videos
- bylaws/policies procedures
- fact sheets
- job descriptions

Send display copies or bulk materials for distribution to Patty Spaulding at PRA, 262 Delaware Ave., Delmar, NY 12054 by March 31. For questions, call (888) 439-3300, ext. 247. Remember, if you have something that works for your program, it will be valuable to your peers. Please share!

Practical Lessons Available

The National Symposium on Homelessness Research, convened in October 1998 by the U.S. departments of Housing and Urban Development (HUD) and Health and Human Services (HHS), featured original papers, discussion groups, and plenary sessions about what works to address the needs of homeless persons. The resulting HUD and HHS publication, *Practical Lessons: The 1998 National Symposium on Homeless Research,* was mailed to grantees and is available from the HCH Information Resource Center at (888) 439-3300, ext. 247. The full text of the report is also available on the web at:*http://aspe.os.dhhs.gov/progsys/homeless/symposium/toc.htm.*

How Can We Help You?

For more information, contact Patty Spaulding at the HCH Information Resource Center.
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U.S. Department of Health & Human Services
HRSA
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PROGRAM UPDATE

New Access Points

In Fiscal Year (FY) 1999, the Bureau of Primary Health Care (BPHC) announced an opportunity for Health Care for the Homeless (HCH) projects to receive funding to establish new access points. New access points were defined as new service sites or subgroups of homeless persons in new geographic areas not currently served by a Section 330(h) grant. Sixty-seven applications were received and reviewed, resulting in 30 awards of up to $100,000 each for a total of $2,888,000.

Expansion/Improvement of Services

Also in FY 1999, the BPHC provided health center grantees (including Community/Migrant Health Centers, HCH, and Public Housing Program grantees) with the opportunity to apply for expansion/improvement of services in several categories. Awards were made in the following areas:

- **Y2K Preparedness:** 30 awards at a maximum of $10,000 each, for a total of $296,000.
- **Mental Health/Substance Abuse:** 9 awards of up to $100,000 each, for a total of $850,000.
- **Outreach:** 6 awards of up to $75,000 each, for a total of $411,000.
- **Oral Health:** 6 awards for a total of $354,000.

New Grantee Established

Centro San Vicente, a Community Health Center in El Paso, Texas, was recently awarded HCH funds to expand services at its homeless medical clinic from part- to full-time. Contact information is: John A. Romero, Executive Director, Centro San Vicente, 8061 Alameda, El Paso, TX 79915, (915) 859-7545.

FY 2000 Funding Possibilities

Funding plans for FY 2000 have not yet been finalized. With an additional $99 million in this year's health center budget, the HCH program is considering several funding opportunities. These include the possibility, if approved, of funding several new starts in selected communities, as well as the opportunity to fund expansion activities in areas that may include oral health, mental health/substance abuse, and respite care. Plans should be finalized in the near future. Watch for Bureau Policy Information Notices (PINs) announcing these and other funding opportunities.

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Health Resources and Services Administration
Bureau of Primary Health Care

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